



		SETS ORDERED	X PRICE PER SET	AMOUNT DUE	REQUESTING COMPLIMENTARY STUDENT TICKETS? If Yes, Enter Quantity
SERIES TICKET PURCHASE					
<ul style="list-style-type: none"> • Three Concert Set • Oct.28, 2008 - Jan. 11, 2009 - Mar.10, 2009 			x \$40.00 =	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes Quantity _____
INDIVIDUAL CONCERT TICKET PURCHASE					
CONCERT		QUANTITY ORDERED	X PRICE EA.	AMOUNT DUE	REQUESTING COMPLIMENTARY STUDENT TICKETS? If Yes, Enter Quantity
1	Italian Saxophone Quartet Oct. 28 7:30 PM		x \$15.00 =	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes Quantity _____
2	Violinist Sarah Geller Jan. 11 3:00 PM		x \$15.00 =	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes Quantity _____
3	La Catrina String Quartet Mar. 10 7:30 PM		x \$15.00 =	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes Quantity _____

PARTICIPATE IN OUR MISSION TO THE COMMUNITY

Ticket sales account for less than 20% of our operating budget. We must depend on each of you in the Gainesville community to share in our mission through donations of your time, talents, and finances. Thank you for considering a tax deductible contribution to **ProMusica Concert Series**. Various levels of sponsorship include benefits such as **FREE** ad space in our series program or additional sets of series tickets to share with family or friends. Please read about donor benefits on our website or call the ProMusica office for more information: **770-535-7342**

<input type="checkbox"/> FRIEND \$ 50 - \$ 99	<input type="checkbox"/> ASSOCIATE \$100 - \$299	<input type="checkbox"/> PATRON \$300 - \$499
<input type="checkbox"/> PARTNER \$500 - \$999	<input type="checkbox"/> AMBASSADOR \$1,000 OR MORE	<input type="checkbox"/> OTHER: \$ _____

I wish to honor an individual, organization or special occasion with this donation. Please mail notification of my gift to the address below.

Notification sent to: _____

I wish the donor listing in the program to read: _____

PAYMENT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Enclosed is my check payable to **ProMusica Concert Series Inc.**

Charge my credit card: (Circle type) **Visa Master Card Discover American Express**

Card #: _____ Expiration Date: _____ / _____ *CVV2#: _____

*The CVV2 number is the security code on the back of most credit cards. American Express= 4-digit number on the front.

Signature _____ Total Enclosed \$ _____

Mail To: ProMusica Concert Series, Inc. P.O. Box 2196, Gainesville, Georgia 30503 or Fax To: 770-535-7394.

ProMusica Concert Series, Inc. is a nonprofit 501(C) (3) tax-exempt organization. Keep a copy of this form as your receipt.

For more information EMAIL: info@gainesvillepromusica.com PHONE: 770-535-7342 WEBSITE: http://www.gainesvillepromusica.com